

**Health and Wellbeing Board Presentations  
14 September 2017**

		<b>Page No</b>
<b>7</b>	<b>DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT</b>	<b>3 - 24</b>
<b>8</b>	<b>BUCKINGHAMSHIRE JOINT HEALTH AND WELLBEING STRATEGY THEMED AGENDA ITEM ON PERINATAL MENTAL HEALTH</b>	<b>25 - 48</b>
<b>9</b>	<b>UPDATE ON HEALTH AND CARE SYSTEM</b> Accountable Care System	<b>49 - 58</b>



# Director of Public Health Annual Report

Report to Health and Wellbeing Board  
September 2017  
Dr Jane O'Grady



# FROM THE VERY BEGINNING



*Pregnancy  
and  
Beyond*

## **Importance of pregnancy and earliest years**

- Impact on every aspect of a child's life - physical and mental health and development, their chances of happiness, success at school and work and health in adulthood
- Investing in early years promotes economic growth and reduces demand on health and social care
- Problems at this crucial time bring adverse consequences at individual, family and societal level - increasing demand on health and social care and other public sector services

## **Most important influences during pregnancy and after birth**

- Mothers health *before* during and after pregnancy
- Mothers health behaviours in before, during and after pregnancy - healthy eating, smoking, alcohol and drug misuse (and fathers/co-parents too)
- Parental mental health
- Parenting
- Social context in which people are living
- Universal access to high quality services including contraception, maternity services, lifestyle support e.g. smoking cessation, weight management, universal health visiting services and mental health services



## The picture in Buckinghamshire

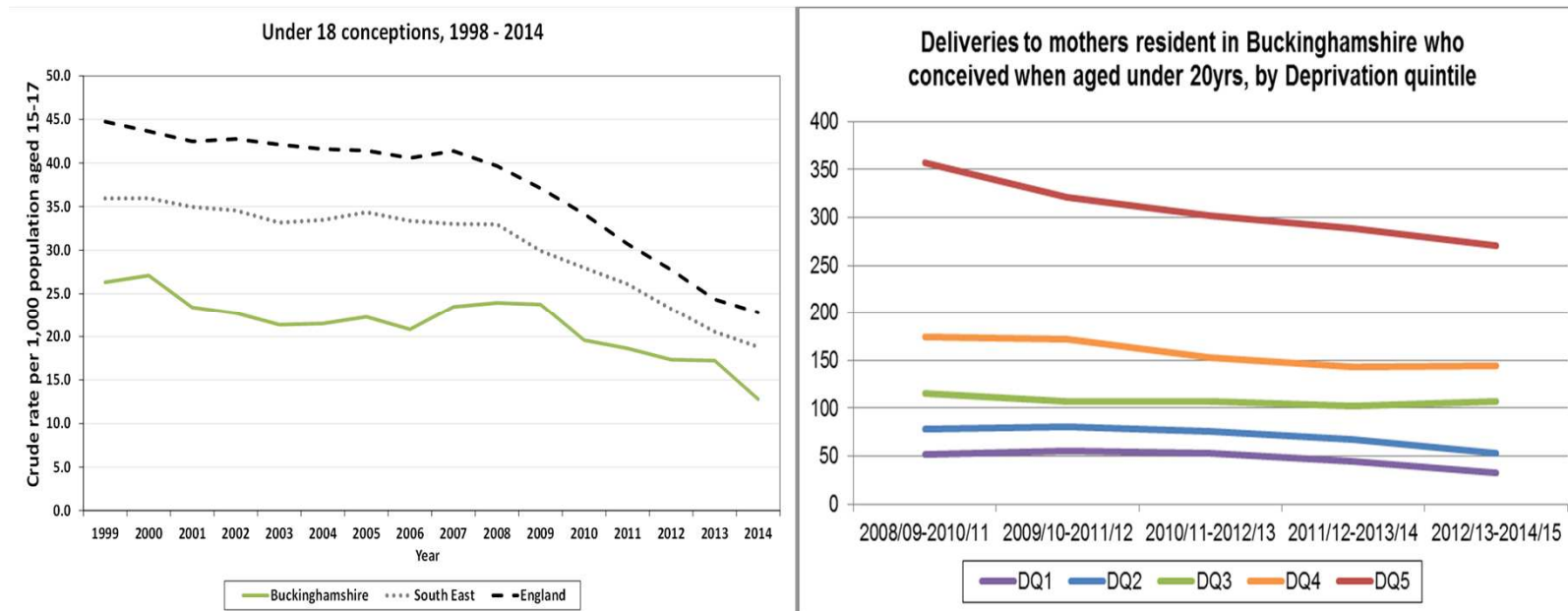
- Approximately 6,000 babies born every year
- 25% of mothers born outside UK – Pakistan, Poland, India, S Africa
- 23% of mothers identify their babies as of non-white ethnicity
- Birth rate higher in more deprived areas reflecting population profile
- 14% of women booked late into antenatal care in 2013

# Buckinghamshire County Council

## Important trends

- Teenage conceptions and teenage pregnancy falling
- Maternal age rising
- Need to monitor trends in obesity and complications in pregnancy
- Little change in low birthweight births and infant mortality
- Gaps remain in outcomes between key groups such as those living in socioeconomically deprived circumstances and certain ethnic groups

8





## Low birthweight and premature birth

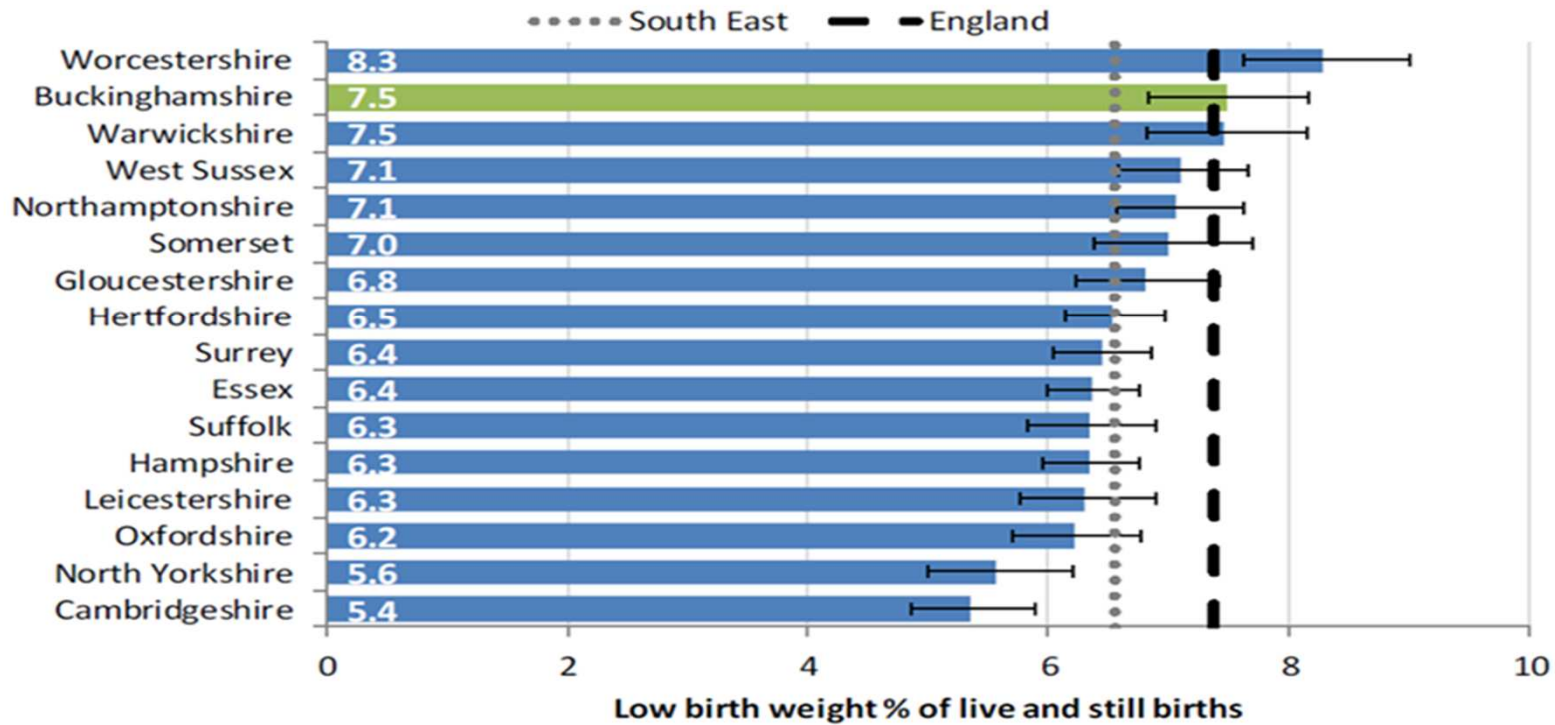
- Low birthweight and preterm birth are important indicators of health of mothers, pregnancy and baby
- Preterm birth is a major cause of disability and infant death
- Preterm birth, especially before 34 weeks accounts for  $\frac{3}{4}$  neonatal deaths and **half** of all long term neurological disability in children
- Known risk factors - smoking, substance misuse, obesity, domestic violence, clinical conditions
- In Bucks low birthweight births more common in mothers < 20 years, smokers, from socioeconomically deprived areas and non-white ethnic groups



# Buckinghamshire County Council

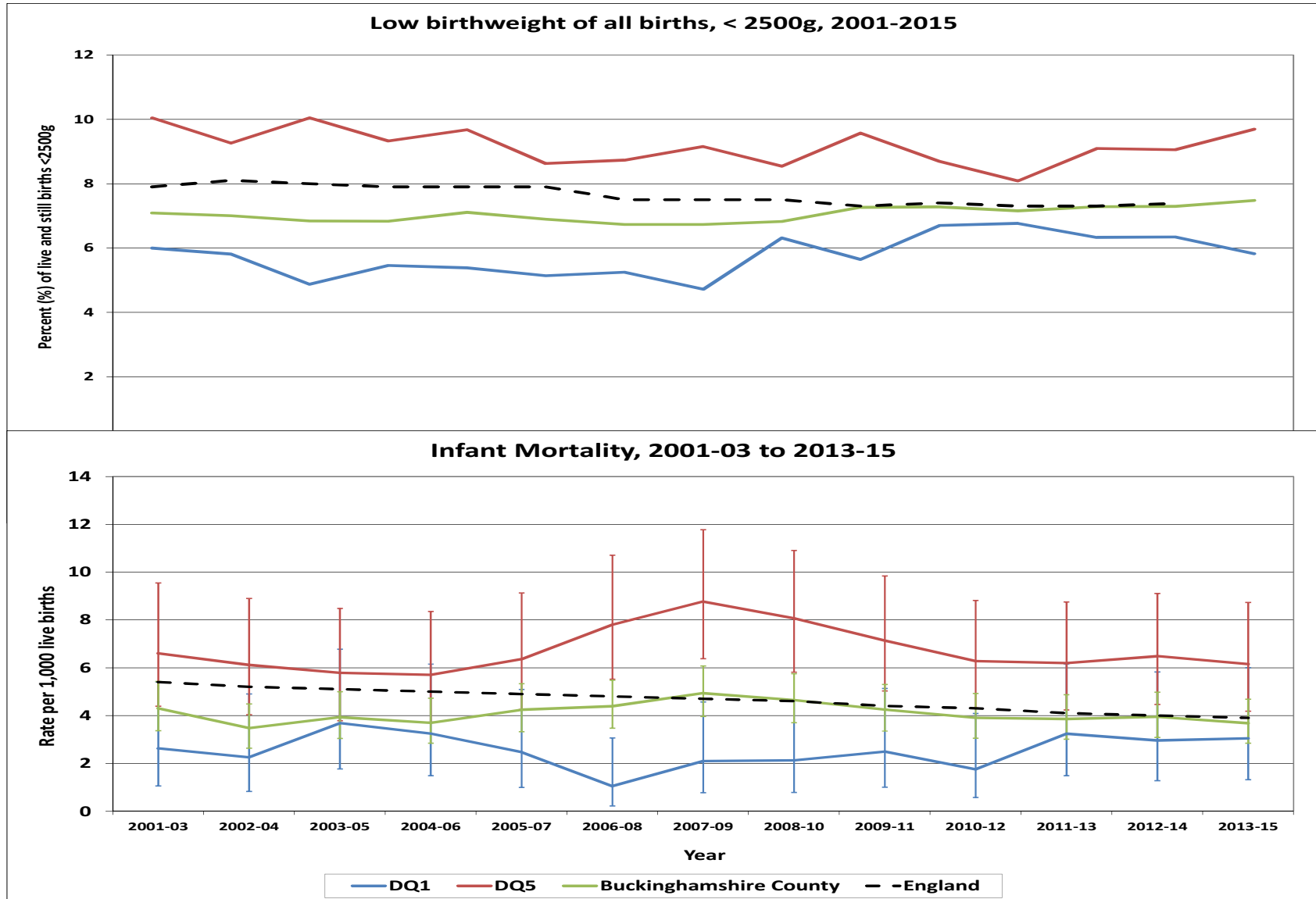
## Low birthweight in Buckinghamshire

Low birth weight for all births among Buckinghamshire's CIPFA peers,



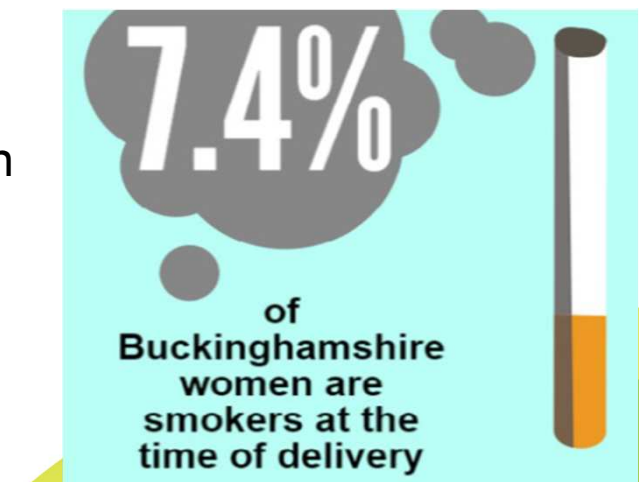
- 9.7% of all babies born in most deprived quintile are low birthweight vs 5.8% in the least deprived quintile

## Trends in low birthweight births and infant deaths



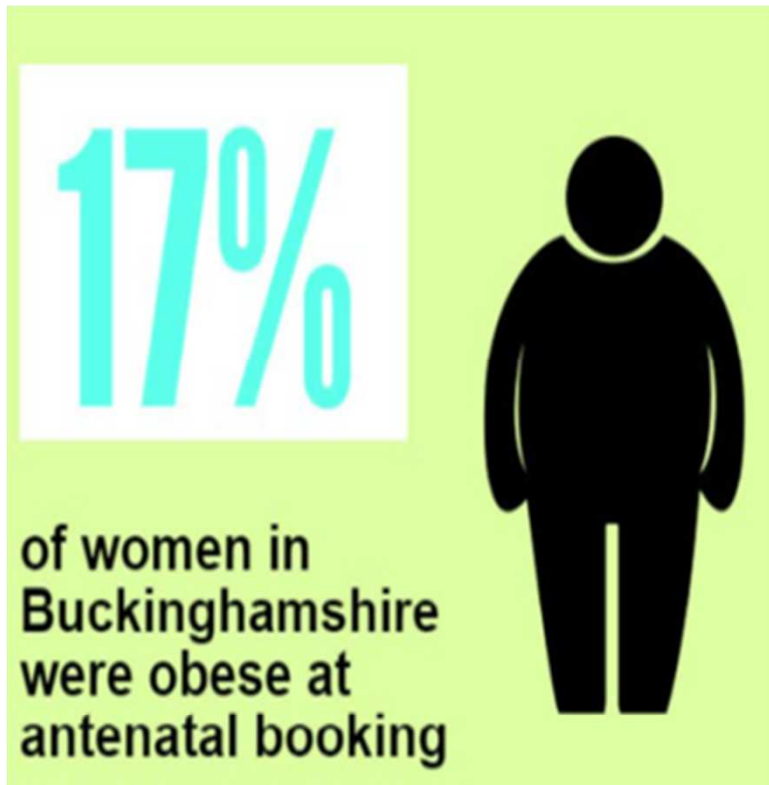
## Smoking in pregnancy

- Increased risk of miscarriage and stillbirth & complications in pregnancy and labour, premature birth and twice as likely to be low birthweight
- 40% more likely to die before 1<sup>st</sup> birthday including sudden infant death in infancy (“cot death”)
- Can affect growing brain leading to a range of problems
- Pregnant women who don’t smoke are vulnerable to passive smoking which increases risk to unborn baby. Household smoking increases risk of meningitis, lung infections, asthma and children growing up to be smokers
- Smoking in pregnancy more common in mothers under 20 years, women whose partners smoke, routine & manual groups, live in rented accommodation, finished education sooner
- **432** women smoking at time of delivery
- **252** pregnant women referred to smoking cessation
- **95** set a quit date and **42% quit**



## Overweight and obesity in pregnancy in Buckinghamshire

13



**27% pregnant women overweight and 17% obese at booking visit**  
**Excess weight can lead to serious complications – gestational diabetes, pre-eclampsia, more complicated deliveries, increased risk of stillbirth and long term health conditions in baby**



**1000 women obese and over 1,600 overweight yet**

**\* No routine data**

## Family environments linked to poorer outcomes

- **Living in poverty** – poorer pregnancy outcomes, poorer development and educational attainment, poorer health, higher risk of death, likelihood of entering local authority care
- **Poor housing** – children more likely to have poorer growth, slower mental development, mental health, respiratory problems, long term ill health
- **Lone parents** – children more likely to live in poverty, increased mental health problems, substance misuse, suicide
- **Teenage parents**
- **Domestic violence and abuse**
- **Parental mental health problems**
- **Substance misuse**
- **Adverse childhood experiences (ACEs)** – increase risk of poor schools achievement, mental health, substance misuse, teen pregnancy, unemployment, violence and imprisonment, obesity heart disease cancer

## Social factors in Buckinghamshire

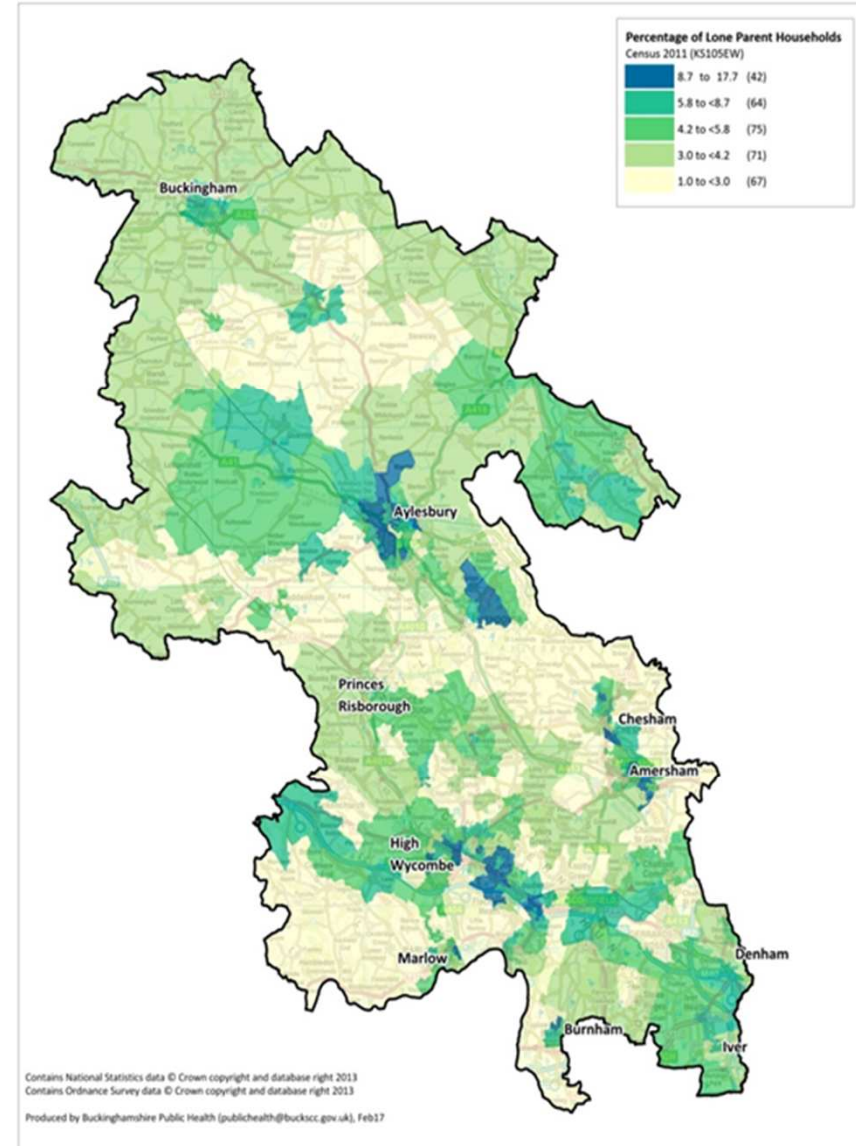
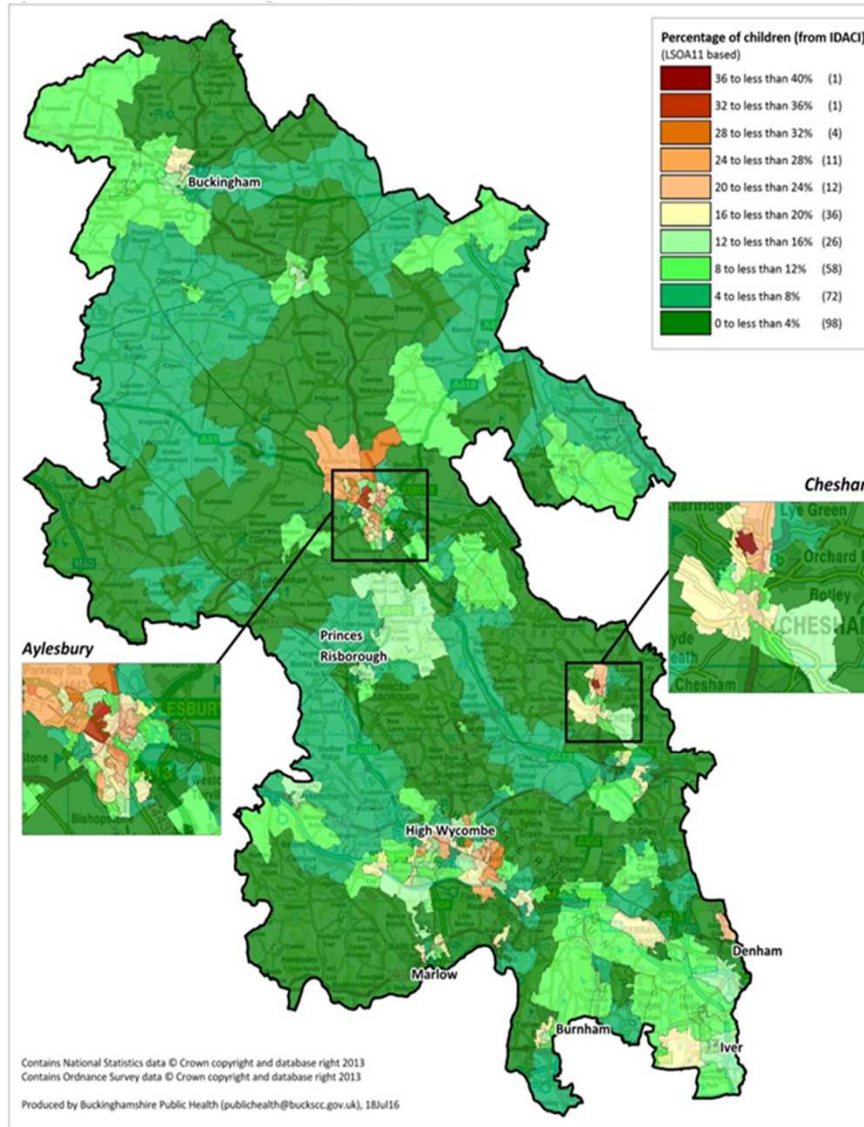
- 10,500 children under 16 live in low income families (10.8% vs 20% E)
- 9% of babies were born to lone parents in 2015
- 23% of mothers identified their babies as coming from non-white ethnic group
- Key Asian groups are at increased risk of low birthweight babies
- Risk factors cluster together in individuals and geographical areas – combining to produce poorer outcomes and need for tailored approaches to individuals and thoughtful service design and co-design.
  
- A baby girl born in **Riverside** has a life expectancy of **79.2 years** while a baby girl born in **Wingrave** has a life expectancy of **94.2 years**
  
- A baby boy born in **Gatehouse** has a life expectancy of **75 years** while a boy born in **Beaconsfield North** has a life expectancy of **89.2 years**



# Buckinghamshire County Council

## Children living in income deprived families and lone parent households

16





## **Parenting**

- The quality of parenting is one of the most important factors affecting a child's development, happiness, health and achievement throughout life
- Parents have the biggest influence on the child's learning in early years
- Securely attached children have better physical, mental and emotional health and school achievement
- "Toxic stress" when baby exposed to stress but without parental reassurance can lead to altered stress response and lower educational attainment, adoption of risky health related behaviours, social, emotional and mental health problems in child
- Children living in chaotic households are at increased risk of language delay and poor cognitive and social development
- Harsh inconsistent discipline, little positive parental involvement and supervision is linked to antisocial behaviour



## **Parenting skills and confidence**

- Parenting may be influenced by parents own experience of being parented, economic/social issues e.g. poverty, parents education & knowledge, social support or isolation or poor relationship with partner, mental health problems, alcohol or substance misuse, exposure to domestic abuse
- There are evidence based interventions that can help and have been shown to improve attachment, behaviour and cognitive development
- NICE recommends that all parents should be able to access parenting programmes and that the nature of the mother-baby relationship should be assessed by trained staff after birth and during the early years
- Parenting programmes are most effective when they start during pregnancy and the first 2 years of a baby's life

## **Domestic violence and abuse**

- Often starts or escalates in pregnancy & can result in miscarriage, preterm labour, low birthweight, physical disability, depression, anxiety, PTSD.
- Women who have experienced DVA 15x more likely to misuse alcohol, 9x more likely to misuse drugs and 5x more likely to attempt suicide.
- Women may find it more difficult to attend antenatal appointments making it harder to identify and offer help.
- Stress may have harmful impact on unborn child including DNA changes.
- Children experiencing DVA have a range of behavioural problems and later eating disorders and self harm.
- Currently no data for Bucks on prevalence in pregnancy.



## Summary

- Need to ensure every woman is as healthy as possible **before** pregnancy
- Need **planned** pregnancy - good contraceptive services and good PSHE at school
- Need high quality antenatal services and early booking
- Need to support warm and sensitive parenting
- Social circumstances are key to the chances of successful pregnancy and early development
- Services take a holistic approach to all the factors impacting on the health of mother and baby and wider family
- Many factors affecting the health of mother and baby cluster together and this must be taken into account when planning and delivering services
- Data collection must improve so we can monitor trends in risk factors and outcomes, target services appropriately and monitor services effectiveness

**The report has six recommendations:**

1. **Healthcare professionals** should assess **all the factors** – health and wider social factors - that could impact on the mother’s, baby’s and family’s health and offer advice, support and referral to appropriate services. There is significant scope to increase referrals to support services to improve outcomes for babies, mothers and families.

2. **Buckinghamshire County Council** and **partners** should consider whether there is a need to develop and implement a new comprehensive strategy to **support parents** in Buckinghamshire.

3. **All professionals** in contact with pregnant women and families with young children should **encourage parents to access universal parenting advice** via the red book, national start4life website, baby buddy app and the Buckinghamshire Family Information Service.



## Buckinghamshire County Council

4. **Commissioners and providers** of maternity, early years, mental health and substance misuse services should **enhance the data collected** on the physical and mental health of mothers and babies, the prevalence of risk factors and referral to and outcomes of services. This should enable us to monitor progress and evaluate the impact of our services. Key data should be reported annually to the Health and Wellbeing Board.

5. **Buckinghamshire County Council** should work closely with **schools** to explore how the new compulsory **PSHE** can prepare young people for a healthy and happy life and addresses emotional resilience, healthy relationships, sexual health and healthy lifestyles. One of the future benefits of this should be healthier parents and babies and healthy, planned pregnancies.

6. **Partners** should consider how they can contribute to improving outcomes for babies, mothers and families in Buckinghamshire e.g. through their contact with public and services they provide.

## **What can the Health and Wellbeing Board do ?**

- Endorse and support the recommendations in this report
- Social determinants – poverty, housing, education
- Place shaping and social norms
- Commissioners and providers of services — ensuring high quality services, tailored according to need and clustering of risk factors and taking a holistic approach to all the influences on mother, baby and family health
- Influence schools - high quality education and PSHE
- Influence other partners
- All partners “making every contact count”
- Ensure appropriate input from your organisation to the action plan being developed



**Thank you. Any questions ?**



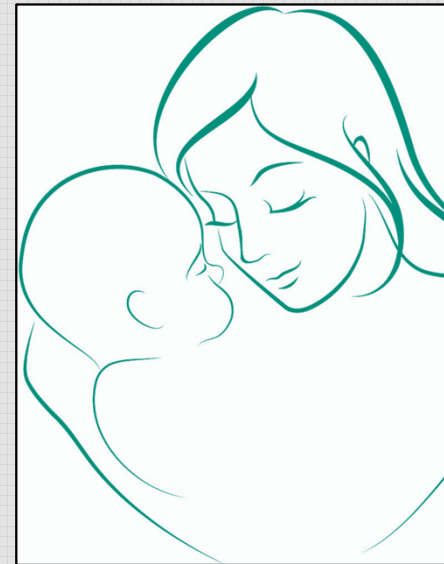


# PERINATAL MENTAL HEALTH IN BUCKINGHAMSHIRE

25

Nicola Widgington (GP)

Ruth House (HV)



Agenda Item 8

**the tragic  
consequences  
of perinatal  
mental illness**

## **The Charlotte Bevan Inquest:**

The 30-year-old and her four-day-old daughter left St Michael's Hospital, Bristol, and were found dead 15 hours later at the base of Avon Gorge.

# Findings from the inquest

- **‘Significant failings’ in the months leading up to the death.**
- **Dr Laurence Mynors-Wallis said an "important contributory factor" was the "lack of a multi-disciplinary care plan".**
- **The 30-year-old mother had stopped taking an anti-psychotic drug over concerns about breastfeeding.**

# IHS ENGLAND

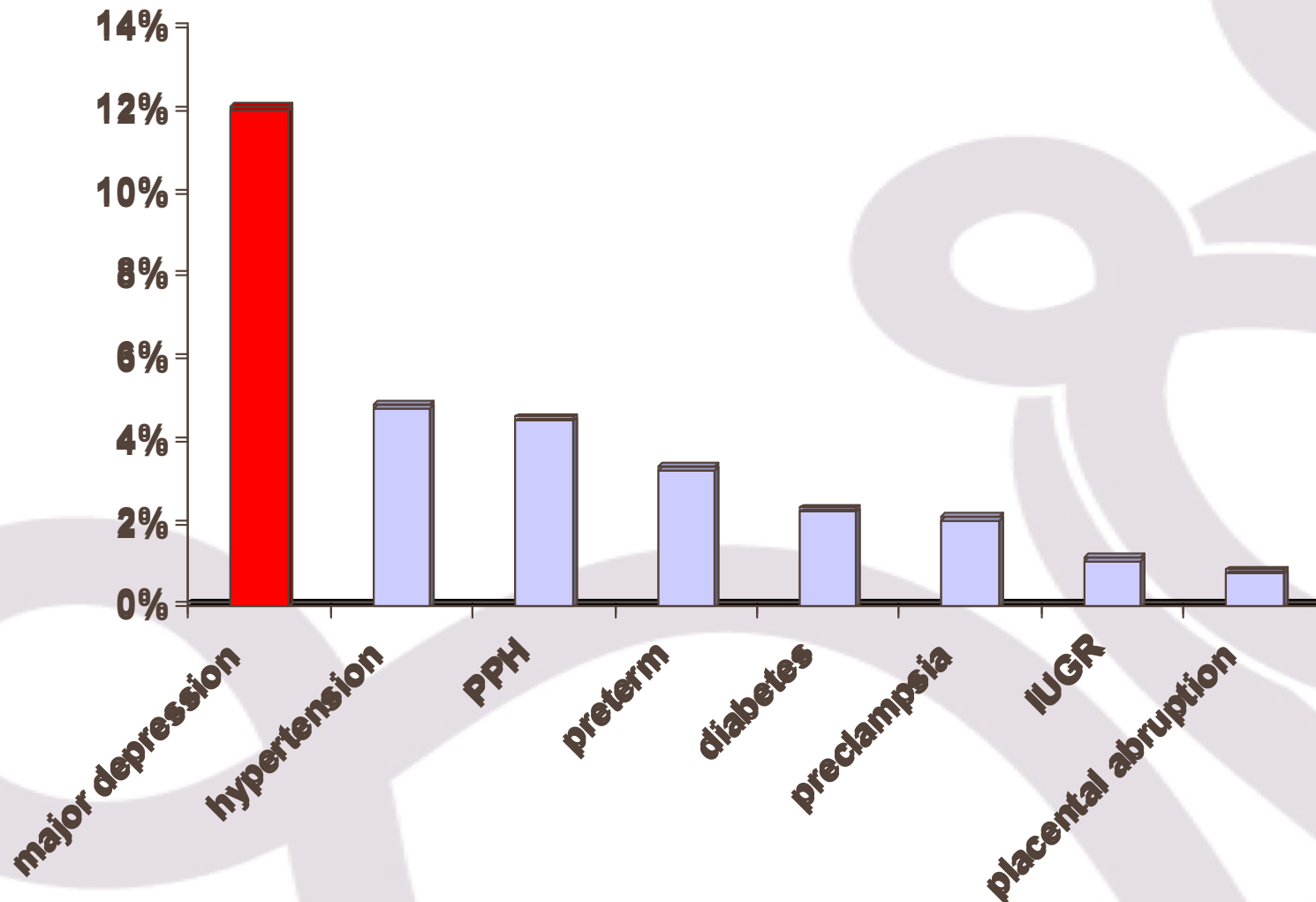
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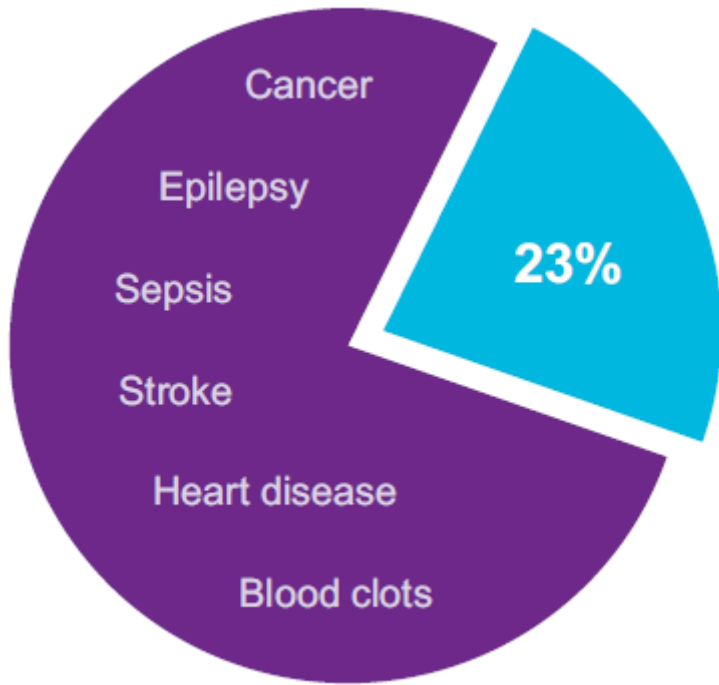
## Statement and Response

‘As a health community, we will act on the coroner's findings to ensure that mothers with mental health needs, and their babies, have access to the services and professionals they need to keep them and ‘their babies safe during pregnancy, and following the birth.’

‘The Operations and Delivery will seek assurance through the operational planning for 16/17 from CCGs that commits CCGs to planning improvements to local services.’

# Depressive illness: the most common major complication of maternity





1 in 7 women died by **Suicide**



- **Saving Lives,**
- **Improving Mothers' Care**



Important  
<sup>31</sup>  
'Red Flags'

- New thoughts of violent self harm
- Sudden onset or rapidly worsening mental symptoms
- Persistent feelings of estrangement from their baby

**REFER URGENTLY TO A SPECIALIST PERINATAL MENTAL HEALTH TEAM.**

## **Why is perinatal mental health important ?**

- **Depressive illness is the most common major complication during pregnancy. 12% of women experiencing depression and 13% experiencing anxiety.**
- **Depression and anxiety also affect 15-20% of women in the first year after childbirth.**
- **90% of women diagnosed with perinatal mental health illness are cared for in primary care.**



# 33 The Consequences of Perinatal Mental Illness

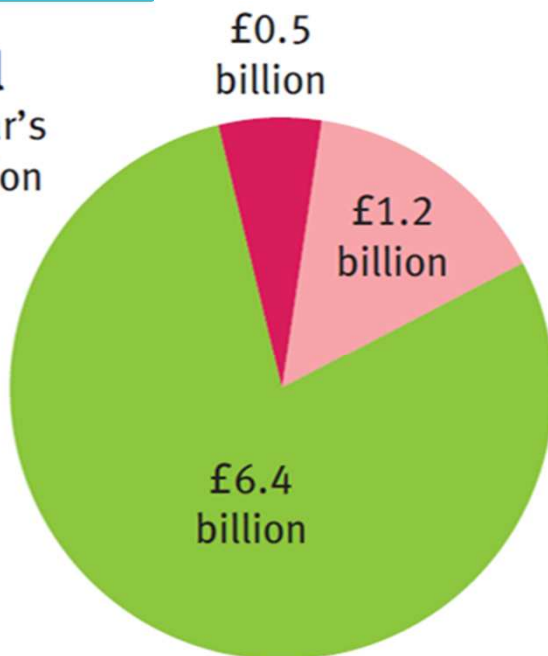
- **Immense distress for women and their partners and families.**
- **Adverse impact on the interaction between mother and her baby. This affects the child's emotional, social and cognitive development.**
- **The first two years of a baby's life are the building blocks of their long-term health and development.**
- **Long term effects that last into the teenage years**
- **Death or serious injury**

# The cost of perinatal mental illness

34

Costs of perinatal health problems per year's the UK, total: £8.1 billion

- and social care
- public sector
- wider society



The economic impact of untreated perinatal depression, anxiety and psychosis carries a total long-term cost to society of about **£8.1** billion for each one-year cohort of births in the UK, two-thirds of the cost being linked to short and long term problems for the child.

**£1.2** billion is the cost to the NHS This is equivalent to **£10,000** for each birth

**Perinatal depression £74,000**

**Mother =£ 23,00 Child £51,000**

**Improving  
detection**

**Only about half of cases of perinatal mental health illness are detected and only about half of these are treated**

**90% of women diagnosed with perinatal mental illness are cared for in primary care**

# Factors for poor detection

## Maternal

- Stigma
- Putting on a brave face
- Fear of being thought a 'bad mother'
- Fear the baby may be taken away
- Not knowing what is 'normal'
- Not knowing if treatment will help

## Professionals

- Not asking
- Time constraints
- Lack of training or confidence
- Lack of access to specialist service
- Normalising or dismissing symptoms

General Practice

Midwifery

Health Visiting and

37

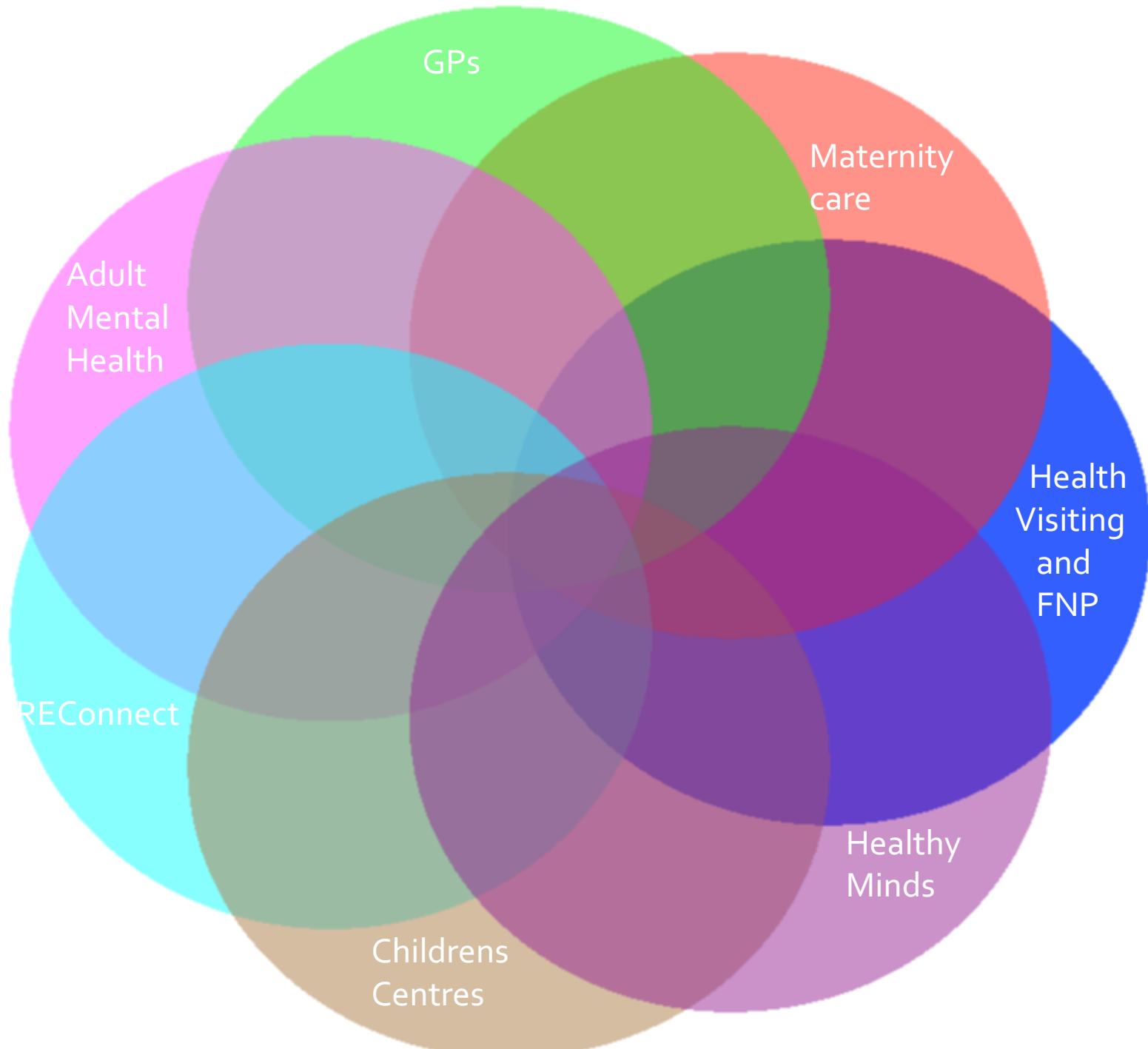
Psychological services

Connect

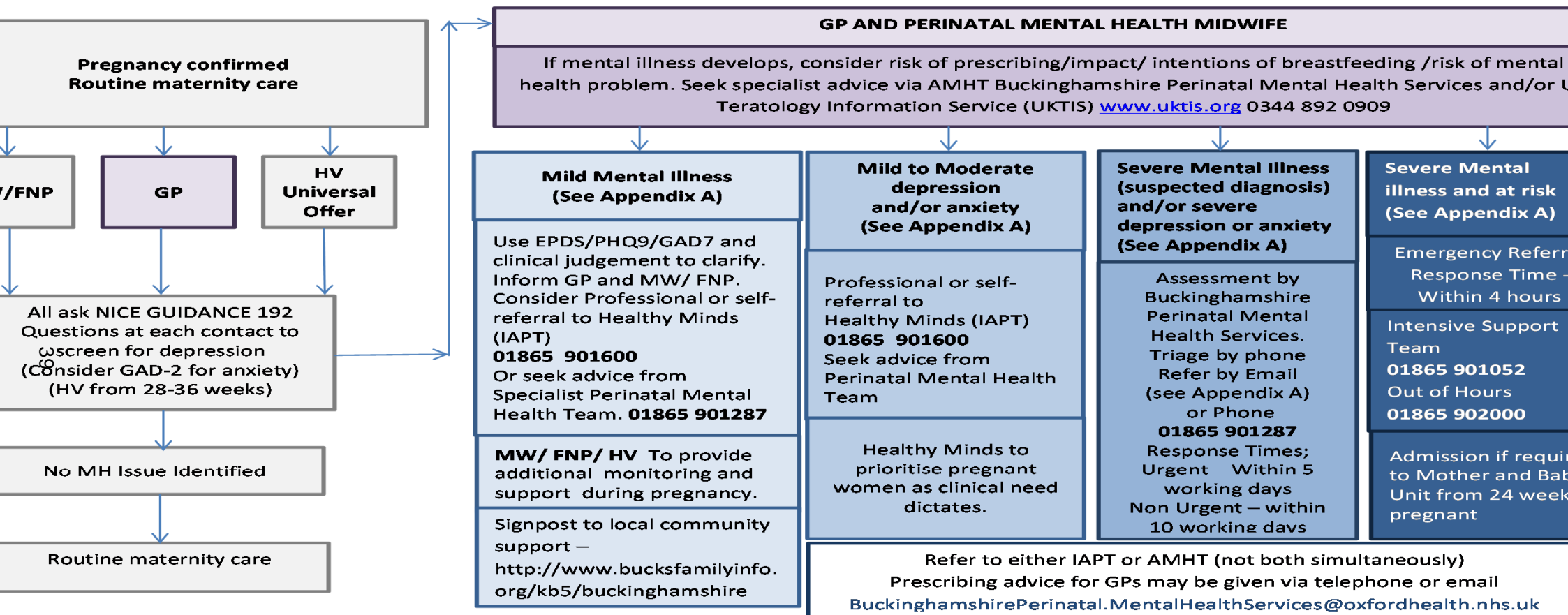
Adult Mental Health.

Childrens Centres





**ANTENATAL MENTAL HEALTH CARE PATHWAY for Women with no Current or Pre-Existing Mental Illness**  
 Developed in accordance with NICE Guideline 192 (2014). To be used in conjunction with local policies and clinical judgment.



professionals must document information and plan in maternity record (and/or organisational notes) and inform all other agencies, **including GP**, of outcomes including non-engagement. **Consider Safeguarding risks.**

For details of pre-birth procedures and guidance use the BSCB website: <http://www.bucks-lscb.org.uk/bscb-procedures/>

and every stage all professionals should ensure that **ALL** other agencies involved in care are informed of referral/outcomes/contact/non engagement. Add document plan to maternity record. ??Safeguarding?? ? link to LSCB policy pre-birth practice guidelines and procedures.

## Bucks Postnatal Wellbeing Group



Safe & compassionate care,

every time



Have you had a **baby** in the last year?

Have you found it **hard work**,

not what you **imagined** it would be?

Do you sometimes feel **anxious**, find that you  
have a **low mood** or worry that you might be  
**depressed**?

If so you may find help from

**The Bucks Postnatal Wellbeing Group.**  
(Crèche provided)

This 10 week structured group is designed to help mothers  
struggling with depression and anxiety. Please speak to  
your GP or Health Visitor, or phone Healthy Minds for  
more information on 01865 901600

Safe & compassionate care,

every time





**NHS**

- \* Have you had a baby in the last year?
- \* Do you sometimes feel anxious, have a low mood or worry that you might be depressed?
- \* Would you like to join a friendly and supportive Postnatal Wellbeing Group? (Crèche provided)
- \* More information from your **GP, Health Visitor or Healthy Minds: 01865 901600**

Work

42

Progress



- Links with 3rd Sector  
MIND/PANDAS
- Safeguarding
- Training
- User Feedback
- Thames Valley Strategic Network

# Blue Sky Thinking...

Partner Support

Perinatal groups

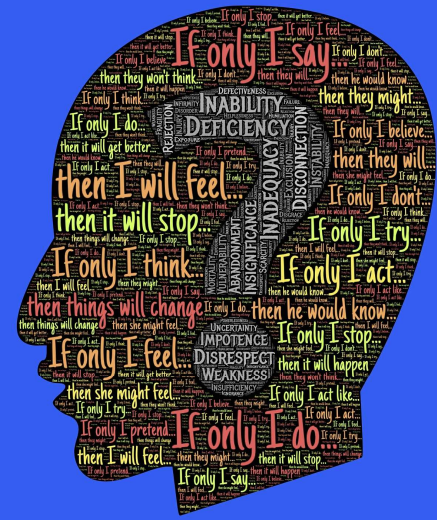
Ethnic Minority Groups

Perinatal Mental  
Health Community  
Services Development  
and



Thank you  
for  
listening

# Any Questions?



# Bucks Free Press

24th January

## Group for mothers with mental health difficulties launched in Marlow

- Informal peer support group – initially funded by the Paradigm Foundation – now funded by Bucks Mind.
- 10 women attend – 50% with PND, 50% with other mental health problems or experiencing social isolation.
- 9 of the women bring 1 or 2 children – looked after in the crèche at the Marlow Children’s Centre
- Referrals come from the Children’s Centre, church, health visitors, social workers.
- Most women live nearby – 2 come from High Wycombe.
- Supported by a Bucks Mind wellbeing worker and a volunteer.
- Enquiries if we have a similar group in High Wycombe & Amersham.



*“At the end of the session, I felt a lot better. She told us that the group had done what it was supposed to do: give her the space to talk, be heard and feel supported.”*

## Practical implications for primary care of the NICE guideline CG192 Antenatal and postnatal mental health

This document highlights the recommendations relevant to GPs from NICE CG192 Antenatal and Postnatal Mental Health. It has been developed to raise awareness and support implementation of the NICE guideline in primary care. ***This resource is not RCGP guidance; it is an implementation tool and should be used alongside the published [NICE guidance](#).***



GPs are expected to take NICE recommendations fully into account when exercising their clinical judgement. However, in no circumstances does guidance override their responsibility to make decisions appropriate to the circumstances of each individual, in consultation with the individual and/or their guardian or carer. Clinical guidelines are based on the best available evidence and are there to help healthcare professionals in their work, but they do not replace their knowledge and skills.

### 10 questions a GP should ask themselves (and their team)

#### 1. Why is perinatal mental health important?

Perinatal mental health illness is common. Between 10% and 20% of women will develop a mental

[Link to PDF document](#)



# Discussion: What can the Health and Wellbeing Board do?

The Health and wellbeing board is uniquely positioned to take a holistic view of the needs of Mothers, children and babies and to build settings and services around them to ensure that they are able to reach their potential.

## **What can help? – the bigger picture**

- Action to tackle stigma and discrimination
- Amplifying key messages and signposting
- Access to training
- Support with housing, benefits and debt
- What can HWB members do to support self- sustaining peer support?
- Employment support for parents?
- Parks and leisure facilities ?

# A vision of a 'mentally' healthy place

Expectant parents are told about the importance of their mental health alongside healthy lifestyle advice and are given opportunities to discuss any concerns they have

New mothers and fathers are given information about their mental health and wellbeing when they are discharged from hospital, with signposting for further information

The community has accessible and local green space of a good quality where they can socialise, exercise, walk and reflect.

Mental first aid training is considered a core skill, and is offered in schools, public sector employment and private sector employment. It is a basic part of new employment training and all first aid training.

Mental wellness of pupils is a key concern for schools, further and higher education establishments, alongside academic attainment.

The community is informed and understands mental health and mental health problems. There are people in prominent public positions who have or have experienced mental health issues

Checking on the mental health and wellbeing of mothers, fathers and siblings is part of the general conversation for health visitors for 0-5s.

Children have lessons on mental wellness and resilience in the same way they have physical education lessons



# Buckinghamshire Accountable Care System

49

*‘Everyone working together so that the people of Buckinghamshire have happy and healthy lives’*

We have been working together for years and will build on this....

**NHS**  
Aylesbury Vale  
Clinical Commissioning Group



**NHS**  
Buckinghamshire Healthcare  
NHS Trust

**NHS**  
Chiltern  
Clinical Commissioning Group

**NHS**  
Oxford Health  
NHS Foundation Trust

**Other Stakeholders:**

- District Councils
- Voluntary Organisations
- Our Public



**NHS**  
South Central  
Ambulance Service  
NHS Foundation Trust

# Accountable Care Means Working Together

## What it is:

## What it is not:

**Mature partnerships** - a coalition committed to collective decision making

New statutory bodies or change to existing accountabilities

Partners making a **single, consistent set of decisions** about how to deploy resources

Employers, ways of managing financial or other resources

Stronger local relationships and partnership work based on **common understanding of local priorities, challenges and next steps**

Legally binding (deliverability rests on goodwill, commitment and shared priorities and objectives)

A **clear system plan** and the capacity and capability to execute it

Getting rid of the purchaser / provider split or of respective statutory duties and powers

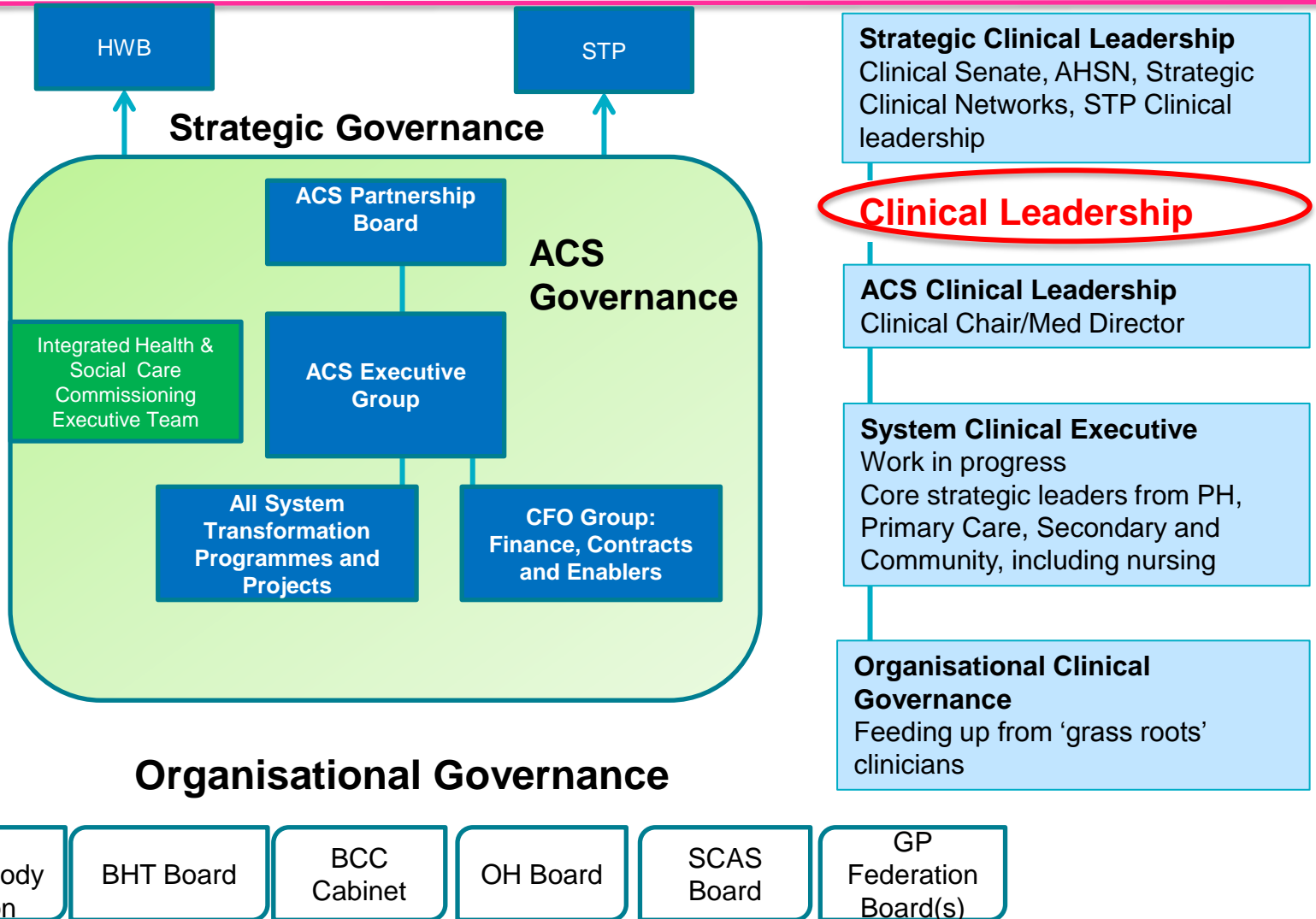
**Place-based, multi-year plans built around the needs of local populations** and local health priorities

Tried and tested. There will be bumps along the way – the true test is in the relationships!

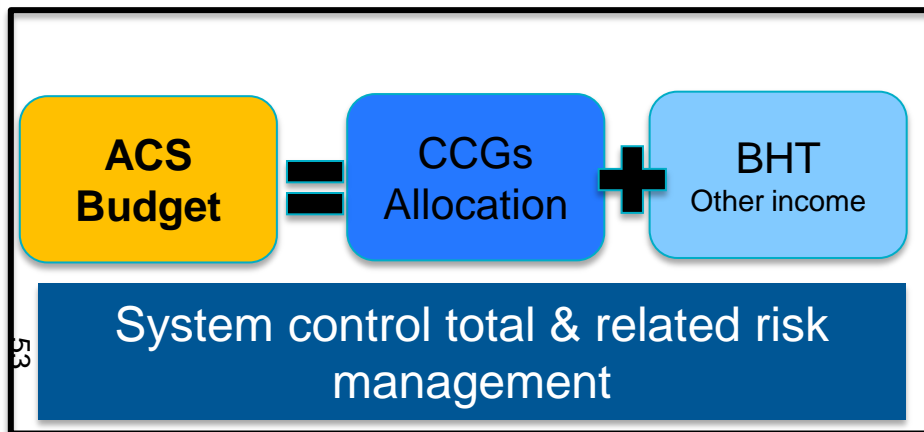
**Delivering improvements**

Removing the need for consensus and collaboration

# Our statutory and joint governance facilitates delivery



# Developing a financial system that supports sustainability



“Other income” means income from non CCG sources for services provided for Bucks residents

Oxford Health FT  
other income

SCAS  
other income

Bucks County Council



Cost recovery across wider partner group. Agreed principles for releasing efficiencies & investment decisions to deliver collectively agreed outcomes.

System-wide transparency of service performance, planning, transformation and budgets, using an agreed ACS governance structure

# How will the ACS Help our Population?



**your community  
your care**  
developing Buckinghamshire together

- **Support** us to join up health and social care services in order to improve the health of local communities;
- Give us more **local control** and freedom to make decisions;
- Provide our **fair share of transformation funds** and enable us to influence where these should be invested
- Some **additional funding** to support our transformation.

54

Our ACS will help us to go further, faster in our ambitions to become one of the safest and resilient health and care systems in the country

The national recognition is testament to the rapid improvements we have already made to patient care over the past two years; the strength of our plans to transform and to the **commitment of all partners** to get this right

## Our emerging priorities:

- **Integrated community teams, community hubs and GP clusters:** piloting new ways of joining up health and social care closer to home, tailored to the needs of local communities
- Improving **24 hour** access to **urgent primary care** through innovative OOHs integration;
- Simpler pathways of care across hospital, community and social services for people with **long term conditions**
- A new **streamlined approach** for people with **musculoskeletal problems**

## Our key enablers:

- **One Bucks Commissioning Team:** further developing joint commissioning across CCGs and Bucks County Council (adult and children's services, public health, mental health )
- Key providers committed to a formal **provider collaborative agreement** to deliver joined up care
- **Back Office and One Public Estate:** shared projects, using our property assets to provide better services and value to residents

## Our strong track record – what have we done so far...

- **Better Healthcare in Bucks** – successful transformation programme to centralise A&E and emergency services
- **Stroke and cardiac** - innovative model of care introduced at Wycombe Hospital
- **Redesigned emergency and urgent care** including seven day medical ambulatory care facility
- **Quality and Outcomes Framework** – nationally recognised innovation to increase use of care and support planning in primary care
- **System-wide quality improvement** – aligned monitoring and governance e.g. Looked After Children
- **Over 75s community nursing** – delivering ‘upstream’ care to prevent admission and shorten length of stay for our older population





# Our ambition for outstanding

HSJ Awards  
Shortlist 2017  
In two categories!



## Dementia

### PATIENTS' CARE PLAN REVIEWED EVERY YEAR

WORST TEN	%
	49.3
	68.0
	68.6
	69.7
	70.2
BEST TEN	%
North East Lincolnshire	85.8
City And Hackney (North London)	84.6
Aylesbury Vale (Bucks)	84.3
Lambeth (South London)	83.3
Central Manchester	83.2

57

**Best in country** for  
Diabetes HBA1C  
outcomes



**Community hubs at Marlow & Thame** providing a new community frailty assessment and treatment service, more outpatient clinics and more diagnostic testing



